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_____ (Print your name)

_____ (Your address)

_____ (City, state, zip code)

_____ (Your telephone #)

_____ (Today's date)

_____ (Write your landlord or property manager's name)

_____ (Your landlord's mailing address)

_____ (Your landlord's city, state, zip code)

To Whom It May Concern:

I have a disability. I need a reasonable accommodation or modification because of my disability.

I need:

Please let me know what you decide within 10 days.

Sincerely,

_____ (Sign your name)

_____ (Print your name)